

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	MESAY	10	01-5-01
FORMALITY REVIEW	CH	1719	08-31-01
RESPONSE FORMALITY REVIEW	A.m	JC SBD	06-10-02

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1	9/5/01
2	9/5/01
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50	9/5/01

Claim	Date
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
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